

# **MARYLAND TRAUMA PHYSICIAN SERVICES FUND**

**Semi-Annual Uncompensated Care  
Physician Payment Application  
Paper Submission**

**MARYLAND HEALTH CARE  
COMMISSION**

**HEALTH SERVICES COST  
REVIEW COMMISSION**

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**CONTACT INFO... William D. Chan, Health Policy Analyst  
410-764-3374 or [trauma@mhcc.state.md.us](mailto:trauma@mhcc.state.md.us)**

**You ARE eligible**

**IF . . .**

- You are a trauma surgeon, orthopedic surgeon, neurosurgeon, critical care physician, anesthesiologist, or emergency room physician.
- You are a physician credentialed on the Trauma Center's roster of participating physicians at the time when services were provided.
- You provide trauma services to a trauma patient in a MIEMSS designated Trauma Center.
- You provide services to a trauma patient with no health insurance, including Medicare Part B coverage, VA health benefits, CHAMPUS, Worker's Compensation, and is not eligible for Medical Assistance coverage. The trauma physician can submit an application to the Fund for services provided to uncompensated care patients once he/she has exhausted their attempts to collect payment using the trauma physician's documented collection policies and procedures.
- You provide services to a trauma patient with a Maryland Trauma Registry Number.

**Please remember...**

- Any services previously claimed under the Fund are not eligible.
- Applications are due twice a year by the end of January or July.

### 1. Application Submission Date:

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Month

Day

Year

### 2. Rendering Physician Information:

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Name of physician, practice, or center

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Street Address

--

City

State

--	--

Zip Code

Area Code + Telephone Number

--	--

E-mail Address

### 3. Contact person if additional application information is needed:

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Name

Title

--	--

Street Address

--

City

State

--	--

Zip Code

Area Code + Telephone Number

--	--

E-mail Address

### 4. Trauma Center where care was provided:

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Trauma Center Name

- 5. Remittance Information.** The Office of the Comptroller will issue one disbursement check to the individual listed in this question.

Name	Title	
Street		
City	State	Zip Code

- 6. How many cases were written-off to a collection agency by the faculty or physician practice during this reporting period?**

What is the dollar amount written-off to a collection agency by the faculty or physician practice during this reporting period? Base response on gross charges.

\$

- 7. During this reporting period, was money recovered from another payer source for past services declared and reimbursed under the Fund? You need only report the amount paid to you by the Fund. MHCC will reduce your overall payment by this amount.**

\$

**PLEASE PROVIDE  
PHYSICIAN, PATIENT, SERVICE & FINANCIAL INFORMATION  
IN THE FOLLOWING FOUR TABLES.**

**Note: "Table Definitions" follow each table.**

**TABLE 1 Physician Information**

<b>Trauma Physician Referral Number</b>	<b>Trauma Physician Name</b>	<b>Tax ID Number</b>	<b>Physician Specialty</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**TABLE DEFINITIONS – PHYSICIAN INFORMATION**

**Trauma Physician Referral Number** – A number used to identify a trauma physician within the uncompensated care application.

**Trauma Physician Name** – The name of the trauma physician that provided services to the trauma patient.

**Tax ID Number** – The tax identification number for the physician or practice requesting payment for services.

**Physician Specialty** – One of the following physician specialties: trauma surgeon; orthopedic surgeon; neurosurgeon; critical care physician; anesthesiologist; or emergency room physician.

### TABLE 2 Patient Information

[illegible]

## **TABLE DEFINITIONS – PATIENT INFORMATION**

**Patient Name** – The name of the patient receiving trauma services.

**Facility ID #** -- Please use the following facility identification numbers to identify the location of the trauma center.

<b>Trauma Center</b>	<b>Facility ID #</b>	<b>Trauma Center</b>	<b>Facility ID #</b>
Johns Hopkins Bayview Medical Center (Adult Trauma Center)	01	R. Adams Cowley Shock Trauma Center	34
Johns Hopkins Hospital (Adult Trauma Center)	04	Suburban Hospital (Adult Trauma Center)	49
Peninsula Regional Medical Center (Adult Trauma Center)	08	Washington County Hospital (Adult Trauma Center)	89
Sinai Hospital (Adult Trauma Center)	10	Johns Hopkins Medical Center (Pediatric Trauma Center)	05
Western Maryland Health System (Adult Trauma Center)	20	Children's National Medical Center (Pediatric Trauma Center)	17
Prince George's Hospital Center (Adult Trauma Center)	32		

**Trauma Registry #** --The patient's 4 to 6 digit number assigned by the trauma nurse coordinator and reported on the Maryland Trauma Registry maintained by the Maryland Institute for Emergency Medical Services Systems.

**Medicaid Eligible** – The patient's Medicaid enrollment status.

**Account Number** – A provider generated optional number up to 11 characters used by providers for payment posting.

**Social Security #** -- The patient's Social Security Number.

**Start of Service** -- The date the patient arrived in the emergency department or was admitted to the hospital as an inpatient.

**Discharge Date** -- The date the patient is discharged from the acute care hospital.

**Date Determined Non-Collectable** -- The date the trauma physician exhausts all established collection policies and procedures seeking payment from the patient for services provided in the trauma center.

**\$ Total Payment Received** – Amount of payment received from an insurance carrier or a third party payer.

### Table 3 Service Information

[illegible]

## TABLE DEFINITIONS -- SERVICE INFORMATION

**Date of Service** -- The date the trauma physician performed a procedure or service on the patient in the emergency department or hospital.

**ICD-9 / E-codes** -- ICD-9-CM is the official system of assigning codes to diagnoses and procedures associated with hospital utilization. E-codes or External Cause of Injury Codes is a supplemental code developed in conjunction with ICD-9 codes to identify causes and circumstances of injuries.

**CPT/HCPCS Code** -- Procedure coding system used to identify medical services and procedures.

**Procedure Code Modifier** – An extension to the CPT Code that identifies procedures that have been altered by a specific circumstance but not altered enough for the service or procedure to change its definition or code.

**Units** -- Quantity or number of units for a service.



## TABLE 4 Financial Information

Please report Accounts Receivables for Trauma Patients as of May 2006.

Trauma Patient Payment Source	Billed Amount May 1 <sup>st</sup> – 31 <sup>st</sup>	Total Open Receivables
Self-Pay		
Medical Assistance		
Medical Assistance Pending		
Medicare		
Other Payment Sources		
<b>TOTAL</b>		

### TABLE DEFINITIONS -- FINANCIAL INFORMATION

**Trauma Patient Payment Source** – Type of payer for trauma patients only.

**Other Payment Sources** – Remaining trauma patient payment sources, including private health insurers, VA Health Benefits, CHAMPUS, TriCare, Worker's Compensation, and auto insurance carriers.

**Billed Amount May 1<sup>st</sup> – 31<sup>st</sup>** – Amount billed by trauma physician for trauma services provided to trauma patients during the month of May.

**Total Open Receivables** – Total trauma patient accounts receivables through May 31<sup>st</sup>.

## **VERIFICATION**

### **PHYSICIAN UNCOMPENSATED CARE LOSSES INFORMATION**

I hereby certify that the facts stated in the Maryland Trauma Fund Semi-Annual Uncompensated Care Application are accurate and true to the best of my knowledge and that the faculty or physician practice followed and adhered to its established collection policies and procedures before submitting this application to the Maryland Trauma Physician Services Fund.

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(Name of Physician Practice or Group - please print or type)

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(Physician Group Designee's Name & Title – please print or type)

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(Physician Group Designee's Authorized Signature)

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(Date)

## **VERIFICATION**

### **TRAUMA CENTER INFORMATION**

I hereby certify on behalf of the Trauma Center that (1) the Trauma Patients reported in this Application are on the Maryland Trauma Registry, (2) the Physician is credentialed by the Hospital as a Trauma Physician, and (3) that the Trauma Patient received care in the Trauma Center, or the acute care hospital associated with the Trauma Center, on the dates reported.

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(Name of Trauma Center/Hospital - please print or type)

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(Trauma Center Administrator's Name & Title – please print or type)

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(Trauma Center Administrator's Signature)

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(Date)

**PLEASE RETURN APPLICATION TO:**

**Mr. William D. Chan  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore MD 21215**

**PLEASE COMPLETE THE INFORMATION  
VERIFICATION FORMS  
ON THE PRECEDING PAGES  
SUBMIT VERIFICATION FORMS WITH COMPLETED APPLICATION.**

**THANK YOU.**